Case 08-00752 Doc 1

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B22A (Official Form 22A) (Chapter 7) (01/08)

	Concepcion Solon Camp				
In re	David Lowell Camp				
	Debtor(s)				
Case Number:					
	(If known)				

According to the calculations required by this statement:

 \square The presumption arises.

■ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. EXCLUSION FOR DISABLE	D VETERANS	AND NON-CON	SUM	ER DEBTO	RS	
1 A	If you are a disabled veteran described in the Veteran's Declaration, (2) check the box for "The presumption d VIII. Do not complete any of the remaining parts of the	loes not arise" at the					
1A	□ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B	If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	☐ Declaration of non-consumer debts. By checking	this box, I declare the	nat my debts are not pr	imarily	consumer debt	S.	
	Part II. CALCULATION OF MO	NTHLY INCOM	ME FOR § 707(b)	(7) E	XCLUSION		
2	 Marital/filing status. Check the box that applies and a. □ Unmarried. Complete only Column A ("Debte b. □ Married, not filing jointly, with declaration of s "My spouse and I are legally separated under app purpose of evading the requirements of § 707(b)(for Lines 3-11. 	or's Income'') for L separate households. blicable non-bankrup	ines 3-11. By checking this box, tcy law or my spouse a	debtor ınd I ar	declares under e living apart of	ther than for the	
	c. ☐ Married, not filing jointly, without the declarati ("Debtor's Income") and Column B ("Spouse's			.b abo	ve. Complete b	oth Column A	
	d. Married, filing jointly. Complete both Column				ise's Income")	for Lines 3-11.	
	All figures must reflect average monthly income received and a months prior to filing the healtrantey gase or				Column A	Column B	
	calendar months prior to filing the bankruptcy case, er the filing. If the amount of monthly income varied du six-month total by six, and enter the result on the appr	ring the six months,			Debtor's Income	Spouse's Income	
3	Gross wages, salary, tips, bonuses, overtime, commi	issions.		\$	2,517.00	\$ 2,504	
	Income from the operation of a business, profession enter the difference in the appropriate column(s) of Li business, profession or farm, enter aggregate numbers not enter a number less than zero. Do not include any Line b as a deduction in Part V.	ne 4. If you operate and provide details	more than one on an attachment. Do		,	, , , , , , , , , , , , , , , , , , , ,	
4							
4		Debtor	Spouse				
4	a. Gross receipts \$	0.00	\$ 0.00				
4	a. Gross receipts \$ b. Ordinary and necessary business expenses \$	0.00 0.00	\$ 0.00 \$ 0.00]	0.00	¢ 0	
	a. Gross receipts \$ b. Ordinary and necessary business expenses \$	0.00 0.00 ubtract Line b from I e b from Line a and umber less than zero a deduction in Par	\$ 0.00 \$ 0.00 Line a enter the difference in . Do not include any t V.		0.00	\$ 0.	
5	a. Gross receipts \$ b. Ordinary and necessary business expenses \$ c. Business income Subtract Lin the appropriate column(s) of Line 5. Do not enter a nupart of the operating expenses entered on Line b as	0.00 0.00 ubtract Line b from I e b from Line a and umber less than zero a deduction in Par	\$ 0.00 \$ 0.00 Line a The enter the difference in any to the series of t	\$	0.00	\$ 0.	
	a. Gross receipts \$ b. Ordinary and necessary business expenses \$ c. Business income Subtract Lin the appropriate column(s) of Line 5. Do not enter a nu part of the operating expenses entered on Line b as a. Gross receipts \$	0.00 0.00 ubtract Line b from I e b from Line a and umber less than zero a deduction in Par Debtor 0.00	\$ 0.00 \$ 0.00 Line a The enter the difference in any to the series of t	\$	0.00	\$ 0.	
	a. Gross receipts \$ b. Ordinary and necessary business expenses \$ c. Business income Subtract Lin the appropriate column(s) of Line 5. Do not enter a nu part of the operating expenses entered on Line b as a. Gross receipts \$ b. Ordinary and necessary operating expenses \$	0.00 0.00 ubtract Line b from I e b from Line a and umber less than zero a deduction in Par Debtor 0.00 0.00	\$ 0.00 \$ 0.00 Line a The enter the difference in any to the series of t	\$			
5	a. Gross receipts b. Ordinary and necessary business expenses c. Business income Rents and other real property income. Subtract Lin the appropriate column(s) of Line 5. Do not enter a magnet of the operating expenses entered on Line b as a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income Subtract Line the appropriate column(s) of Line 5. Do not enter a magnetic field of the operating expenses entered on Line b as	0.00 0.00 ubtract Line b from I e b from Line a and umber less than zero a deduction in Par Debtor 0.00	\$ 0.00 \$ 0.00 Line a The enter the difference in any to the series of t	\$ \$	0.00	\$ 0.	
	a. Gross receipts \$ b. Ordinary and necessary business expenses \$ c. Business income Subtract Lin the appropriate column(s) of Line 5. Do not enter a nu part of the operating expenses entered on Line b as a. Gross receipts \$ b. Ordinary and necessary operating expenses \$	0.00 0.00 ubtract Line b from I e b from Line a and umber less than zero a deduction in Par Debtor 0.00 0.00	\$ 0.00 \$ 0.00 Line a The enter the difference in any to the series of t	\$	0.00	\$ 0. \$ 0.	

8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.	\$ 0.0	00 \$	0.00
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$ 0.0	00 \$	0.00
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	Debtor Spouse a. \$ b. \$			
	Total and enter on Line 10	\$ 0.0	0 \$	0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 2,517.0	0 \$	2,504.00
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		5,021.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	60,252.00
14	Applicable median family income. Enter the median family income for the applicable state and he (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankru			
	a. Enter debtor's state of residence: b. Enter debtor's household size:	3	\$	64,763.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "Totop of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VIII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of		oes no	t arise" at the

Document

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a.	16 Enter	r the amount from Line 12.		¢
b.	Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not sheek how at Line 2 a onter zero			
•	not oh		ssary, fist additional adjustments on a separate pag	ge. If you did
•	not ch		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ge. II you did
	not ch		\$ \$ \$ \$ \$	e. II you aid
18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	not ch		\$ \$ \$ \$ \$ \$ \$ \$ \$	e. II you ald
	not ch a. b. c. d.	neck box at Line 2.c, enter zero.	\$ \$ \$ \$ \$ \$ \$ \$	se. II you aid

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members under 65 years of age					\$
20A	Local Standards: housing and utilities; non-mortgage Utilities Standards; non-mortgage expenses for the appliavailable at www.usdoj.gov/ust/ or from the clerk of the	cable cou	nty a	nd household size. (7		\$
20B	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ 					\$
21	c. Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					\$
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{cccccccccccccccccccccccccccccccccccc					s
22B	Local Standards: transportation; additional public tr for a vehicle and also use public transportation, and you you public transportation expenses, enter on Line 22B th Standards: Transportation. (This amount is available at yourt.)	contend t ne "Public	that ye Tran	ou are entitled to an a sportation" amount fr	dditional deduction for rom IRS Local	

	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.)				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle				
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.			
			\$		
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Li	e IRS Local Standards: Transportation court); enter in Line b the total of the Average			
24	the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	Q			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly estate and local taxes, other than real estate and sales taxes, such as incessecurity taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$		
26	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as retirement Do not include discretionary amounts, such as voluntary 401(k) co	\$			
27	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in Line 44.		\$		
29	Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depoproviding similar services is available.	\$			
30	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do i	\$			
31	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	\$			
32	Other Necessary Expenses: telecommunication services. Enter the actually pay for telecommunication services other than your basic hor pagers, call waiting, caller id, special long distance, or internet service welfare or that of your dependents. Do not include any amount prev	\$			
33	Total Expenses Allowed under IRS Standards. Enter the total of L	ines 19 through 32.			
	English 1210 to the country of the country of the		\$		

		Subpart B:	Additional Living Expense Deductions			
		Note: Do not include	e any expenses that you have listed in Lines 19-32			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
34	a.	Health Insurance	\$			
	b.	Disability Insurance	\$			
	c.	Health Savings Account	\$	\$		
	Total	and enter on Line 34.				
	below		ount, state your actual total average monthly expenditures in the space			
	\$					
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
36	Protection actual other a	\$				
37	Home Standa truste claime	\$				
38	actual school docu n	ly incur, not to exceed \$137.50 per chil I by your dependent children less than 1	less than 18. Enter the total average monthly expenses that you d, for attendance at a private or public elementary or secondary 8 years of age. You must provide your case trustee with d you must explain why the amount claimed is reasonable and the IRS Standards.	\$		
39	Addit expen Standa or from reason	\$				
40			the amount that you will continue to contribute in the form of cash or tion as defined in 26 U.S.C. § 170(c)(1)-(2).	\$		
41	Total	Additional Expense Deductions unde	r § 707(b). Enter the total of Lines 34 through 40	\$		

			Subpart C: Deductions for D	ebt l	Payment		
42	own, and c amou banks	list the name of the creditor heck whether the payment nts scheduled as contractu	laims. For each of your debts that is secure or, identify the property securing the debt, a includes taxes or insurance. The Average I ally due to each Secured Creditor in the 60 If necessary, list additional entries on a secure 42.	and sta Month mont	ate the Average Maly Payment is the this following the f	Ionthly Payment, total of all filing of the	
		Name of Creditor	Property Securing the Debt	P	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	Total: Add Lines	□yes □no	ф
43	motor your paym sums	r vehicle, or other property deduction 1/60th of any an ents listed in Line 42, in or in default that must be pai	nims. If any of debts listed in Line 42 are so necessary for your support or the support nount (the "cure amount") that you must parder to maintain possession of the property d in order to avoid repossession or foreclose, list additional entries on a separate page. Property Securing the Debt	ecured of you by the . The	d by your primary ar dependents, you creditor in addition cure amount woul List and total any	n may include in on to the ld include any	\$
	a.	Name of Cleditor	Property Securing the Debt		\$	e Cure Amount	
					T	otal: Add Lines	\$
44	priori	ty tax, child support and a	ity claims. Enter the total amount, divided limony claims, for which you were liable as, such as those set out in Line 28.				\$
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules						
	c.	information is available the bankruptcy court.)	Office for United States Trustees. (This at www.usdoj.gov/ust/ or from the clerk o	X	otal: Multiply Line	es a and b	\$
46	46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.						\$
			Subpart D: Total Deductions	fron	n Income		-
47	*						\$
		Part V	I. DETERMINATION OF § 707	(b)(2	2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 1	8 (Current monthly income for § 707(b)(2))			\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))						\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					ılt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					60 and enter the	\$
	Initia	al presumption determina	tion. Check the applicable box and proceed	d as d	irected.		
52	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of part visuatement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						ge 1 of this
52	☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remain						
		ne amount on Line 51 is a	t least \$6,575, but not more than \$10,950). Con	nplete the remaind	der of Part VI (Line	es 53 through 55).
53	Ente	r the amount of your total	non-priority unsecured debt				\$
54	Thre	shold debt payment amou	int. Multiply the amount in Line 53 by the	numb	per 0.25 and enter	the result.	\$

	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE	CLAIMS					
	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All feach item. Total the expenses.	n your current monthly income under §					
56	Expense Description	Monthly Amount					
	a.	\$					
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Lines a, b, c, and d	\$					
	Part VIII. VERIFICATION	V					
	I declare under penalty of perjury that the information provided in this statement <i>must sign.</i>)						
57	Date: January 9, 2008 Signatu	re: /s/ Concepcion Solon Camp					
		Concepcion Solon Camp					
		(Debtor)					
	Date: January 9, 2008 Signatu	re /s/ David Lowell Camp					
	Date. January 9, 2000 Signatu	David Lowell Camp					
		(Joint Debtor, if any)					
		(voine 2 secot, it unit)					